

CEO Report to the Central West LHIN Board of Directors

July 31, 2017

1. Build Integrated Networks of Care

1.1 Telemedicine and Telehomecare

- The Central West LHIN's Telemedicine adoption continues to be integrated into care planning and service delivery. The Ontario Telemedicine Network (OTN) has been engaging at LHIN CEO Council meetings where there is broad agreement to implement a number of Virtual Care programs across the LHINs. By analyzing the individual business cases for specific virtual programs, the LHIN will work with OTN to identify the benefits and outcomes to prioritize next steps with a view to support provincial implementation in alignment with local LHIN strategies.
- To date, the Central West LHIN's Regional Telehomecare (THC) program has enrolled 2,355 patients; however, for this fiscal year the program has achieved 13% of its target of 550 patients. In spite of this, the program continues to have sustained results on reduced Emergency Department (ED) visits by 58% and Inpatient Episodes by 70% for these cohort of patients. In comparison, the enrollment for this fiscal year is higher by 454 patients which is a 19% increase year over year. The ramping up patients usually increases in the fall and winter.
- Moving forward, local providers have submitted telemedicine plans to the LHIN for review and there is active engagement of LHIN funded sites to integrate and increase virtual care to achieve enrolment targets.

1.2 Patients First / LHIN Renewal

- **Care Coordination** - LHINs are actively working with partners to advance the Patients First agenda and successfully transition home and community care into LHIN operations. This transition is a critical step towards creating integrated service delivery networks which provide a more seamless patient experience. This work is also aligned with the 2017 Minister's mandate letter to LHINs that outlines broad goals related to care coordination and home and community care, mental health and addictions and sub-regional planning.
- In an effort to inform future joint planning, LHIN CEO Council commissioned a work group of LHIN leaders to develop a current state summary of work underway in LHINs to evolve care coordination models and to identify how LHINs are integrating care coordination across different sectors, unique roles in the system, capacity assessments underway, lessons learned through different approaches, and alignment with sub-region strategies. Health Shared Services Ontario (HSSO) will lead the gathering of available information and interviews with LHIN leadership. The working group's knowledge and expertise will help inform promising approaches and any gaps in information. This step will be followed with an environmental scan to explore specific LHIN practices in greater detail to highlight where LHINs are pursuing common and unique strategies and will highlight particular opportunities for pan-LHIN consideration. Kimberley Floyd, Vice President, Home and Community Care, is participating on behalf of the Central

West LHIN. The final report is expected in September. The Central West LHIN's care coordination service is well positioned in many of the advanced practices that are in place today and it is expected that full alignment to this report will be attainable with the support of additional care coordination resources.

1.3 Mental Health and Addictions Services (MH&A)

- As part of the Dufferin County services transfer, as of July 1st 2017, crisis services and information and referral services transitioned from Here 24/7 to the Canadian Mental Health Association Peel Dufferin (CMHA Peel Dufferin) and LHIN Home & Community Care, respectively. This transition was implemented with existing human resources as there was no funding or staff to be transferred as part of this change. Phasing out the role of Here 24/7 in serving Dufferin County residents was anticipated as part of a launch of a mental health and addictions access model. That initiative was re-scoped and is to be launched beyond mental health and addictions as part of the Patients First transformation. Therefore, an interim approach was necessary to satisfy the Dufferin County services transfer agreement between the CMHA branches.

CMHA Peel Dufferin is now operating crisis services in Dufferin and promoting its 1-800 telephone number. Should Here 24/7 receive a crisis call, the service is transferring calls live. Providers and agencies serving Dufferin County were notified by email of the crisis services change. For information and referral calls, providers and agencies are encouraged to call local providers directly based on their knowledge of a resident's need.

Here 24/7 is continuing to receive information and referral calls from Dufferin County residents and is transferring calls live to an unpublished number at LHIN Home & Community Care. From the resident's perspective, the change is intended to maintain the access telephone number they have become accustomed to until such time that the system access model is launched and a public phone number is identified. The approach determined was decided in collaboration with short-term emergency department diversion program (IN-STED) partners, the Canadian Mental Health Association (CMHA) Peel Dufferin Branch, Punjabi Community Health Services, and SHIP (Services and Housing In the Province), as well as LHIN Home & Community Care, in cooperation with CMHA Waterloo Wellington. LHIN Home & Community Care and planning staff will capitalize on this experience in developing the system access model for community health services across the LHIN.

- Peace Ranch is now operating as a program of the new corporation SHIP – Services and Housing in the Province. SHIP reports that the transition went well. Peace Ranch, as a legal entity, will wind down operations per advice from the Ministry of Government Services and Canada Revenue Agency. LHIN Performance and Finance staff are sequencing process steps based on direction from the Ministry of Health and Long-Term Care (MOHLTC) to transfer funds from Peace Ranch to SHIP. This includes revising SHIP's accountability agreement and accompanying annual planning projections. The new corporation assumes the existing Multi-Sector Service Accountability Agreements (MSAA's) (Peace Ranch and SHIP) effective April 1st 2017 and all obligations of the MSAA's remain until the consolidated agreement is finalized.

1.4 Palliative and End-of-Life Care

- The Central West Palliative Care Network presented the work of the Early Palliative Identification Project at the HSSO Conference.
- The Early Palliative Identification Project also won the HSSO Award for Excellence: System Partnership Award.

- The Central West Palliative Care Network was accepted and presented the Early Palliative Identification Project work at the Canadian Foundation for Healthcare Innovation CEO Forum.
- The Ontario Palliative Care Network is working with each LHIN Palliative Care Network to identify the “big dot” metrics and specific targets to be established and monitored. Once finalized, the Central West Palliative Care Network will use the metrics and targets to develop driver diagrams outlining the specific initiatives we will undertake locally to improve performance on the metrics.

1.5 Long-Term Care Renewal

- On July 11th 2017, the Chair and CEO of the Region of Peel wrote to the MOHLTC to request provincial government funding for the redevelopment of Peel Manor. Peel Manor was built in 1960 but, due to some extensive upgrades in the late 1990’s, the home was classified by the MOHLTC as an “A” level home. However, under the MOHLTC’s current redevelopment policies only “B”, “C” and “D” level homes are eligible for the MOHLTC’s redevelopment cost sharing. The MOHLTC’s cost sharing formula is based on a per-bed, per-day allowance for 25 years. In the case of Peel Manor this would amount to approximately \$30 million.
- The LHIN has consistently supported the Region of Peel in their pursuit of MOHLTC funding for this project. The LHIN in conjunction with Region staff co-hosted a tour of Peel Manor for the Assistant Deputy Minister with responsibility for redevelopment and is writing to the Minister supporting the Regional Chair’s letter.

1.6 Home and Community Care

- **Central West LHIN Medication Management Committee** – this Committee promotes safe, effective, and evidence-based prescribing, transcription, and administration of drugs and other therapeutic agents within the Central West LHIN Home and Community Care services and supports.

The committee was initiated in 2016 as a requirement to meet Accreditation Canada standards and acts in an advisory capacity to the organization within a Patient Safety framework. The committee is co-chaired by the Regional Director of Pharmacy and the Director, Clinical Practice and Integrated Care Initiatives. Committee members include representatives of the neighborhood teams, specialty teams, direct hire clinical staff, Service Provider Organizations (SPOs) and the Central West LHIN Quality, Risk and Patient Safety team.

Priority foci for the committee include the development of policies and procedures for Medication Reconciliation, use of High Alert medications, Do Not Use Abbreviations, and safe medication practices for direct clinical services. In partnership with the Quality, Risk and Patient Safety Director and team, the committee has also established a Quality Improvement Plan for the Central West LHIN medication management program. Quality processes include regular review of adverse drug reactions and medication incidents via Event Tracking Management System (ETMS) and Quality of Care reviews. The committee has strong linkages to organizations that shape and drive system-level medication safety and quality including the Institute of Safe Medication Practices (ISMP), Safer Healthcare Now, Accreditation Canada as well as regional hospital and community partners.

Current opportunities include: Standardizing expectations for safe medication practices with our SPOs, working with our William Osler Health System (Osler) partners to advance best practices for novel oral antibiotic therapy using the principles of antimicrobial stewardship, providing clinical practice governance and oversight for the expanded role of palliative Nurse Practitioners to prescribe controlled substances, providing guidance and support to advance

a regional approach to Medical Assistance in Dying (MAID), advancing the role of the home visiting pharmacist in the sub-regions, and advancing our partnerships with acute and primary care

1.7 Community Health Centre

- In follow up to the recent approval of the Malton Satellite for Wellfort Community Health Centre (CHC), the MOHLTC Health Capital Division has completed its review of the Stage 4.2 Final Estimate of Cost (FEC) and is granting the Agency the right to award the construction contract for this project. Based on the Bid results the total construction costs will be \$3,696,993 and the MOHLTC will award the maximum for this project of \$3,564,951, the variance of \$132,042 is to be covered by the agencies own resources. The Central West LHIN has been working with Wellfort CHC to secure the additional funding required through various sources including in-year reallocation. Wellfort will also be negotiating with the Contractor and will be submitting the final Contract to the MOHLTC as requested. Central West LHIN staff will continue to monitor the progress.

2. Drive Quality & Value

2.1 Improve the Patient Experience

- Planning for a Central West LHIN Patient and Family Advisory Committee (PFAC) is progressing well. As part of LHIN Renewal, a Patient Engagement Workstream proposed common Terms of Reference for LHINs Patient and Family Advisory Committees to support greater alignment across the system. Using these Terms of Reference as a guide, a communications and marketing strategy as well as an education plan for staff and advisors is being developed. We are working towards an inaugural meeting of the Central West LHIN PFAC to be held by October 31st, 2017.
- Central West LHIN and Health Quality Ontario (HQO) leadership continue to connect regularly to review and share progress on current initiatives related to patient experience measurement. HQO is currently focused on measuring patient experience across care settings through the addition of validated questions to the provincial Health Care Experience Survey (HCES) in concept areas of specialist care, emergency care and general transitions. Data collection was targeted to begin as of July 1st. In a parallel process, through the Central West Health Links Leads/Co-Leads, a small working group continues to develop a spread strategy and implementation plan to gather feedback from specific confidence questions posed to patients around their individual care plans and care goals. The working group has been focusing on collection and reporting of data and incorporating the questions into existing processes to encourage further uptake.
- **Greater Toronto Area (GTA) LHIN Transitions Committee** - The GTA LHIN Transitions Committee is comprised of the Toronto Central, Central West, Central, Central East, Mississauga-Halton and North Simcoe Muskoka LHINs. Based on provincial data, it is these six GTA LHINs that support the transition of thousands of patients across their LHIN boundaries for home and community services. Directors and Managers from each LHIN attend bi-monthly and ad hoc meetings to promote, plan and improve strategies that enhance seamless transitions for patients and caregivers within the GTA LHINs.
- To ensure patients receive the right care at the right time in the right setting, mission critical processes and protocols are reviewed and improved upon regularly, striving to improve safe quality patient care and patient experience. Any

new initiatives, processes and trends are shared with the GTA LHIN Vice Presidents. Examples of system improvements arising from this Committee include:

- a review of metrics related to patient transitions between LHINs to identify inconsistencies and opportunities for improvement, and most recently,
- an agreement among the six GTA LHINS that the Resident Assessment Instrument-Contact Assessment (RAI-CA) assessment tool no longer needs to be completed for Out of Region (OOR) resumptions when no change to the current service plan is required.

The new process is currently being trialed to ensure there are no patient safety issues. It is expected that this will become a permanent practice change and further standardize mechanisms for transmitting information among LHINs to support safe patient transitions.

2.2 Quality and Innovation

- Central West Health Service Providers (HSPs) continue to demonstrate their commitment to quality and continuous improvement by inviting external accreditation survey teams into their organizations to review and validate their services and processes against nationally recognized standards. Most recently, the Central West LHIN is pleased to congratulate the following organizations for their recent accreditation achievements, each receiving a three-year accreditation award:
 - Bethell Hospice
 - Revera Inc. (Long-Term Care) – Central and Ottawa
 - Brampton Meals on Wheels
- The Health Quality Ontario (HQO) System Quality Advisory Council has recently updated *Quality Matters: Realizing Excellent Care for all* for 2017. It presents a plan and framework for putting system quality into action and is available at www.hqontario.ca.
- HQO continues to lead the development of Quality Standards to address variations in care delivery and outcomes across the province. Quality Standards are based on best evidence and the perspectives of frontline clinicians and patients with lived experience. The Regional Quality Table (RQT) is taking a lead role in identifying quality standards for adoption across Central West as part of the development of an integrated regional quality plan. Three standards focused on mental health care were released last October and three standards focused on specific aspects of wound care are scheduled for release by the end of September. New standards will continue to be released quarterly.

2.3 Enabling Technology Integration

- **Project Management Office (PMO) Business Plan – Enabling Technologies for Integration (ETI) 2017-20 –** The ETI business plan includes details for how the Central Ontario LHINs will use the ETI PMO funding to advance the creation of the Electronic Health Record (EHR) across the Central Ontario Cluster and within the Central West LHIN. Approval of the 2017-20 ETI Business Plan has been received from the MOHLTC. All ETI funding will now flow to the Central West LHIN as the lead LHIN for the Central Ontario Cluster. We anticipate a funding letter by end of Q2. The Q1 report will be ready for distribution the first week of August.
- **Digital Health Priorities** – The MOHLTC funding of LHIN ETI / PMO activities is intended to ensure that provincial digital health priorities are successfully delivered in partnership with provincial digital health delivery organizations including all delivery partners.

The priorities serve as key enablers for *Patients First*, and may be revised to reflect changes as broader provincial directions under *Patients First: Digital Health Strategy* are finalized.

LHINs will prioritize their digital health initiatives with these strategic themes:

- **Open up access to health information and services** to advance patient-centered care by investing in digital health solutions that directly support patient and family access to health information and services.
- **Strengthen quality effectiveness and accountability** to ensure that patients benefit from integrated, accountable health services that can be enabled through digital health.
- **Stimulate innovation and growth** to realize the benefits of digital health innovation for patients and families and to foster the development of a vibrant digital health economy.

- Although there are many projects active within the cluster, the following list of projects reflects the 2017-18 MOHLTC priorities. The cluster works with the MOHLTC to develop detailed implementation plans where required:

- Hospital Information Systems (HIS)
- Hospital Report Manager (HRM)
- eNotification
- Telemedicine and Telehomecare Deployment
- Care Coordination Solutions
- eConsult
- Regional Integration
- Ontario Laboratories Information System (OLIS)
- Consumer Digital Health
- eReferral
- EMR Dashboard

A quarterly report is generated for these initiatives and provides specific details with respect to Central West LHIN initiatives including impact and benefits. That report is shared with the LHINs and a summary status report can be provided to the Central West LHIN Board.

- **Clinician Digital Health Council** - The MOHLTC is responsible for ensuring that its investments in digital health advance the continuing transformation of Ontario's health system and the objectives of *Patients First*. The Clinician Digital Health Council will provide input and advice on several areas including easier solutions for providers to talk to one another, the support of information flow and decision-making through improvements to Electronic Medical Records (EMRs) and the implementation of digital health tools and programs to support clinician adoption and use, with a particular focus on supporting integration of primary care with other system partners. It is their vision that clinicians have all relevant information at their fingertips for healthier patient, vibrant clinical practices and a more sustainable health care system. Membership includes Clinical, MOHLTC, delivery partner representatives and representatives from priority stakeholder groups all of which are expected to provide advice that reflects their particular accountabilities for legislation, policy, funding, planning, expertise and experience. Kimberley Floyd, Vice President, Home and Community Care, is participating on behalf of the Central West LHIN.

3. Connect & Inform

3.1 Communications and Community Engagement

- **2016-2017 Annual Report** | Following approval (with edits) of the 2016/17 Annual Report (AR 2016/17) by the Central West LHIN Board of Directors at its June meeting, this document will be subsequently finalized and submitted to the MOHLTC - in English and French - by its due date of July 31st, 2017.
- **2017-2018 Annual Business Plan** | Following approval of the 2017/18 Annual Business Plan (ABP 2017/18) by the Central West LHIN Board of Directors at its June meeting, this document will be subsequently finalized in English and submitted to the MOHLTC - in English - by its due date of July 31st, 2017. Currently being translated, a French version of ABP 2017/18 will be submitted to the MOHLTC by its due date of August 31st, 2017.
- **News Releases**
 - **Ontario Releases Expert Panel Report on Public Health** | Ontario has released [Public Health Within an Integrated Health System](#), a report from the Minister's Expert Panel on Public Health, which recommends ways to strengthen and increase the integration of the public health sector within the rest of the health care system across the province.
 - **Repairs and Upgrades Coming to 131 Ontario Hospitals this Year** | Ontario is continuing to strengthen and support hospitals across the province with repairs and upgrades to 131 hospitals this year, to provide patients with high-quality care in a safe and healthy environment. [Read more...](#)
 - **Etobicoke General Hospital Receiving Provincial Funding for Repairs and Upgrades** | Ontario is providing \$175 million in 2017-18 to hospitals across the province to keep them in a state of good repair, so patients can continue to receive high-quality care in a safe and healthy environment. [Read more...](#)
- **Past Events**
 - **Punjabi Community Health Services AGM** | Wednesday, July 5th, 2017 – Remarks delivered by Carmine Domanico, Chair, Central West LHIN Board of Directors.
 - **Bethell Hospice Accreditation Celebration** | Monday, July 24th, 2017 - Remarks delivered by Carmine Domanico, Chair, Central West LHIN Board of Directors.
- **Upcoming Events**
 - **MPP Harinder Malhi Community BBQ and Services Fair** | Sunday, August 20th, 2017, Brampton Soccer Centre, 1:00 – 4:00 PM.
 - **Rexdale CHC AGM** | Saturday, September 9th, 2017, details to follow re: time and location.
 - **Bethell Hospice AGM** | Tuesday, September 19th, 2017, Caledon Country Club, 6:15 PM.
 - **Heroes in the Home** | Wednesday, November 1st, 2017, Venue (TBD), 5:00 – 7:30 PM.
The Central West LHIN is proud to host the Heroes in the Home caregiver recognition awards to honour both paid and unpaid caregivers who support others who are limited by age, illness or disability. Those that may be nominated include caregivers in any capacity including friends, co-workers, community volunteers, personal

support workers, care coordinators, nurses, therapists, other health professionals, and others. We are now in the planning stages for this popular event. Updates will be provided as further information becomes available.

3.2 French Language Services (FLS)

- **Health Service Providers (HSPs) and Stakeholders Engagement** - The French Language Services Core Action Group (FLSCAG) meeting took place on June 22nd, 2017. This meeting included the review of the FLSCAG's Terms of Reference and an overview of the FLS work plan for each member, which included the following:
 - Osler is in the process of developing a multi-year FLS work plan, which would offer an opportunity to rebuild its connection with the Francophone Community. Osler is also working with Human Resources (HR) to collect data on their Francophone patients.
 - CMHA-Peel Branch is focusing on staff orientation regarding FLS and cultural competency, in order to build on resources that can help support Mental Health services in French. This work plan also includes the integration of the FLS lens into existing internal committee, MH&A promotion/education towards the general public and Mental Health First Aid Training in French.
 - Four Corners Health Centre has presented its FLS work plan, which includes a basket of services underway that responds to the needs of French-speaking seniors within Peel region, such as a health promotion presentation to seniors regarding key health issues, training workshops related to Falls Prevention, Memory and Aging, Chronic Disease Self-Management Program, Chronic Pain, etc.
- On July 6th, 2017, a meeting took place between Reflet Salvéo, Central West LHIN and Four Corners Health Centre staff, to review the HSP's progress already achieved, and to discuss future FLS development. As for future initiatives, Four Corners expects to resubmit its FLS Congregate Dining proposal that was in queue in 2016-2017 to LHIN.
- **Health System Improvement Proposal (H-SIP) submitted by Rexdale Community Health Centre (CHC) , to develop services in French in North Etobicoke Sub-region** - As a result of several community and stakeholders engagements, and the outcomes of Francophone needs assessment that have been achieved in North Etobicoke area, Rexdale CHC has submitted an H-SIP that aims to hire a Bilingual Health Promoter who would support the HSP's FLS capacity to address the health needs of the Francophone Community in North Etobicoke Sub-region. Should the LHIN approve Rexdale CHC's proposal, the HSP will be able to:
 - Facilitate access to primary healthcare and community services for Francophones.
 - Plan and implement health promotion activities, facilitate access to self-management chronic diseases and mental health services programs and coordinate care for Francophone clients with complex care needs.
 - Collaborate with partners and the Central West LHIN on health system planning and service delivery to French speaking communities.
 - Support Rexdale CHC capacity to offer seamless integration of Active offer of French Language services.

The LHIN will consider the funding request in the context of other requests once Community Funding has been received.

3.3 Aboriginal Services

- **Indigenous Holistic Wellness Cost-Sharing Business Case** - As a result of several Indigenous engagements between Central West and Mississauga Halton LHINs and Indigenous organizations such as Peel Aboriginal Network (PAN) and Métis Nation of Ontario - Credit River Métis Council (CRMC), the LHINs Indigenous Leads have developed a Joint Indigenous Work Plan and updated a cost-sharing Indigenous Holistic Business Case that will be

submitted to the MOHLTC by mid-August 2017. This business case aims to improve the availability of culturally safe and appropriate health services for the local Indigenous communities, through key actions, such as:

- Indigenous health promotion and illness prevention, Traditional Healing, Diabetes/Chronic Disease Prevention & Management and Non-Indigenous Cultural Competency
 - Improvement of Indigenous Cultural Competencies among HSPs
 - Strengthened and Increased Program/Service Partnerships with local Indigenous Community Organizations
 - Culturally appropriate direct service and engagement opportunities with Indigenous persons and communities to ensure the health care system will meet their needs, wellness and health outcomes.
 - Strengthened and increased collaboration with HSPs to ensure that Indigenous persons and communities receive culturally competent care, i.e. care that recognizes their needs and is tailored to their social and cultural needs.
- There is a potential opportunity for the MOHLTC to support this business case through cost sharing with the two LHINs. As per the Budget, the share of each LHIN would be 40% of the total budget, which is currently estimated at \$50,125.00 per LHIN.
 - **Indigenous Information on LHIN Website** - Since LHIN websites vary on the amount and type of Indigenous information made available, and furthermore, the information is not always easy to find, the communications committee of the Provincial Aboriginal Leads Network (PALN) has recommended the following actions:
 - Every LHIN should have an Indigenous page and users should be able to reach it within two clicks
 - Each Indigenous lead's contact information should be listed on the page
 - A link to the PALN website should be included

A meeting on this topic has already taken place between the Central West LHIN Indigenous Consultant and Central Communications Lead, and work is underway to make recommended changes. .

4. Demonstrate System Leadership

4.1 Population Health

- **Diversity and Health Equity** – Services and Housing in the Province (SHIP), a funded provider, submitted an abstract and was approved to share leading practices at Health Quality Ontario (HQO's) Transformation 2017 conference that focuses on health equity "Building a Quality Driven Culture: A Path to Health Equity". The conference is looking to highlight innovative practices related to providing care for marginalized populations, those who need linguistically and culturally safe care and also ways in which organizations are demonstrating how they are focusing on building capacity to embed equity. SHIP will be sharing how they are integrating education via a platform to increase 100% of staff's knowledge and awareness of health equity and how the organization plans to address health inequities by aiming to reduce/eliminate barriers in client programs.
- The Central West LHIN also recently chaired the Pan-LHIN Health Equity Table that enables open, generative conversations that aim to enhance health equity. The members at this table discussed the Health Equity Impact Assessment Tool (HEIA) and the need to integrate it in Home and Community Care services. There was also a robust discussion on proactive relationship building with local Public Health Units (PHUs).

- The Central West LHIN is also currently vetting the LHIN's Health Equity Charter with local and provincial stakeholders. The final version of the charter will be summarized and shared with LHIN Senior Leadership for final approval before sending it to all funded HSPs for commitment to improve health equity collectively. The Central West LHIN's Health Equity Charter is intended to be utilized as a living document for equity planning, that considers the evolution of the Central West LHIN's landscape and needs of our diverse residents, serving as a guide and inspiration to improve equitable access and care to our residents.

4.2 Dementia Strategy

- Nationally, Bill 233 received Royal Assent. "This enactment provides for the development and implementation of a national strategy for the health care of persons afflicted with Alzheimer's disease and other forms of dementia." The Canadian Institute for Health Information (CIHI) has convened a Task Group to prepare dementia related products to support the government and health care providers.
- The MOHLTC continues to work on the implementation plan for the provincial Dementia Strategy. A public-facing document is expected later in 2017. Preliminary indications are that there will be investments in:
 - E-consults and telehealth support for primary care providers
 - Expansion of interdisciplinary memory clinics, including primary care-based clinics and specialist memory clinics.
 - Expansion of short stay respite programs, adult day programs, dementia home care and patient navigators
 - Further investments in Long-Term Care Home Behavioural Supports (BSO) programs
 - Support for dementia-friendly congregate living environments

4.3 Build on the Momentum

- **Hospital 2 Home (H2H)** - An internal committee was established under the leadership of the Vice President, Health System Planning, Integration and Strategy and Vice President, Home and Community Care, to review the Hospital 2 Home Initiative. This committee will continue to meet over the next two months to review and revise the model of care delivery.
- **Behavioural Supports Ontario (BSO) Funding from 2016-17 Updates** - The two Neuro-Behaviour Nurse Practitioners hired by the Region of Peel have completed their orientation. They will continue to be supervised by Dr. Sudip Saha Chief Geriatrician at Osler. Referrals from Region of Peel Long-Term Care Homes are currently being addressed.

It is anticipated in the next six weeks they will be broadening their referral reach into the other Long-Term Care Homes of Central West. Significant successes have been voiced by the Region of Peel Homes with this new resource to supporting seniors with behaviours.

CMHA Peel Dufferin have hired the BSO Community Crisis Nurse for the Dufferin-Caledon geography. She has just started in her position and anticipated to be supporting the BSO team by end of June. Processes and collaboration with community partners is underway to facilitate access and timely response in our LHIN.

5. Operational Excellence

5.1 2017-18 Service Accountability Agreement (SAA) Cycle

- **Hospital Service Accountability Agreement (HSAA) Amending Agreement**

William Osler Health System: The HSAA amending agreement with Osler has been finalized. The amending agreement extends the current HSAA to March 31st, 2018 and lays out a balanced operating plan for the remainder of the fiscal year (2017-18). However, Osler continues to anticipate significant operating pressures over the coming year, based on higher than anticipated volumes at the Brampton Civic Site and the new Peel Memorial Centre for Health and Wellness. The LHIN received a Briefing Note from the Hospital on July 20th, 2017 summarizing these pressures.

Headwaters Health Care System: It is anticipated that the HSAA amending agreement with Headwaters will be signed by Headwaters and returned to the LHIN by the time this report is tabled. The amending agreement extends the current HSAA to March 31st, 2018 and lays out a balanced operating plan for the remainder of the fiscal year (2017-18). Headwaters is also experiencing operating pressures and is anticipating further streamlining of its clinical operations in 2018-19 in order to reduce operating costs. Headwaters is currently working on a revised Business Case that details its operating pressures for LHIN review in the early fall and possible submission to the MOHLTC.

6. Select CEO Updates

6.1 Minister Hoskins Acknowledgements

The Central West LHIN recently received HSSO Award acknowledgements and thank you letters for exceptional service from Minister Hoskins (sample letter attached), that speaks to the contributions of the Central West LHIN staff and their outstanding dedication to improving the lives of patients and their families.

6.2 Cardiac Care Network - Strategic Plan Launch

- On June 21st Kim Delahunt attended the Cardiac Care Network's Strategic Plan Launch.

6.3 Staff Recognition BBQ

- An all-staff Recognition Barbecue was held on June 28th, 2017. Fun activities were coordinated by a newly formed Integrated Social Wellness Committee comprised of staff from both legacy organizations. It was a great day, good weather, good food, with a magician entertaining us, contests and a great opportunity for staff to get to know each other.

6.4 MOHLTC Executive Leadership Team and LHIN CEOs Joint Meeting

- I participated in this meeting on July 4th, agenda items included:
 - Associate Deputy Ministers Updates

- Debrief: Malware Incident
- Opioid Strategy Update
- Capacity Planning
- LTC Redevelopment / Public Consultations
- HSSOntario Conference
- LHIN Renewal Steering Committee Updates

6.5 LHIN Leadership Council Meeting

- On July 6th Carmine Domanico and I participated in this meeting. Recent agenda items included:
 - Implementation Planning
 - Fall Summit
 - Update on Training Plans
 - Executive Compensation
 - Update on Guidelines for LHIN Authorities over HSPs
 - Focus and Priorities for Future Meetings

6.6 LHIN CEO Council Meeting

- On July 6th I participated in this meeting. Agenda items included:
 - Operations Committee Close-Out Report
 - HSSO/ LHIN Relationship Building
 - Client and Caregiver Experience Evaluation (CCEE) Survey
 - LHIN Benefits Harmonization
 - OTN: Update of Business Cases
 - Provincial Digital QBP Order Sets
 - Mental Health & Addictions System Table
 - LHIN Reporting – 2017-18
 - LHIN Service Recognition

6.7 Meeting with Ontario Community Support Association (OCSA)

- At the request of the OCSA we met on July 14th to discuss how they and their members can help make the vision of a more patient-centred health system outlined in the Patients First Act and Action Plan a reality.

6.8 MPP Sylvia Jones

- On July 17th, Carmine Domanico (Board Chair) and I met with MPP Sylvia Jones. We are currently scheduling meetings with all MPPs.

6.9 OPCN Three Year Action Plan Regional Palliative Care Network Engagement Session

- I participated in a session held on July 18th. The main purpose of this session was:
 - An update on the status of the action planning process
 - Present the elements of the action plan and receive feedback from the regions by August 18th

6.10 Bundled Hip/Knee QBP Task Group

- On July 19th I participated in the fourth meeting of this Task Group. Agenda items included:
 - Rehab Care Alliance: Best Practice Guidelines
 - Status update: Timelines and Decisions made to date

6.11 LHIN CEO Videoconference

- At the July 20th meeting agenda items included:
 - HSSO / LHIN Relationship Building
 - LHIN Benefits Harmonization
 - LHIN CEO Committees and Workgroups
 - Ambulance Act Legislative Amendments
 - 2017-18 HSAA Approach
 - MSAA – Planning for Primary Care
 - Priority Setting for MOHLTC / LHIN August Retreat
 - Performance and Data Workstream
 - Health Quality Ontario (HQO) Recommendations

6.12 Central West LHIN / Health Capital Investment Branch (HCIB) Meeting

- Kim Delahunt and I participated in this bi-monthly meeting. Discussion items included:
 - Project overview and updates:
 - Hospitals: Osler & Headwaters
 - Community Projects: Wellfort Community Health Centre & Rexdale Community Health Centre
 - New Pre-Capital Proposals
 - MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages:
 - LHIN Endorsement Required: Satellite Dialysis FP; comfort letter in interim to expedite FP approval
 - LHIN advice for in-centre dialysis as part of Patient Tower Urgent Infrastructure Project
 - LHIN role for designation request for Satellite Dialysis unit in the Ambulatory Services Building (ASB)
 - LHIN role for designation request for Ambulatory Services occupying space in ASB – Hospital request for PCOP consideration for own funds project
 - Peel Phase 1 – pressures expressed by hospital

6.13 Peel Opioid Strategy Engagement

- On July 25th, staff and I participated in a teleconference at the request of Dr. Lawrence Loh, Acting Medical Officer of Health, Peel. The purpose of the call was to begin developing local strategies aligned with the emerging provincial strategy.

6.14 Interview on Performance Management

- On July 28th I, along with staff, participated in an interview conducted by Cancer Care Ontario (CCO). The aim of this work is to evaluate the tools and processes CCO uses to manage the performance of the cancer and renal

systems. Examples of such tools and processes include contracts, scorecards, performance review meetings, recognition certificates and public reporting, among others

6.15 Digital Health Board

- On July 28th I participated in this teleconference. The purpose of this call was to go over the details of Canada Health Infoway's investment regarding the expansion of MyChart in southwestern Ontario, in advance of the upcoming public announcement.

7. On the Horizon

7.1 HSSOntario / LHIN Relationship Building

- A session is scheduled for July 31st for LHIN CEOs to meet with HSSOntario

7.2 Ministry-LHIN Executive Strategy Retreat

- A two-day retreat is scheduled for August 1st and 2nd between the MOHLTC and LHIN CEOs.

7.3 Vacation Alert

- I will be away from the office beginning August 5th returning on August 16th. During my absence Kim Delahunt will have delegated CEO authority.

7.4 CEO Videoconference

- The next meeting is set for August 17th.

7.5 Meeting with Dr. Jessica Hoskins

- I am scheduled to meet the new Medical Officer of Health – Peel Region, Dr. Jessica Hoskins, on August 18th. We will also schedule time for Dr. Hoskins to meet with the full Board

7.6 Meeting William Osler Health System's new CEO

- On August 24th I will be meeting with Dr. Brendan Carr, new CEO at Osler. We will also schedule time for Dr. Carr to meet with the Full Board

8. Outstanding People



Team Orangeville!

Travel forty minutes up Highway 10 and you reach the LHIN's Orangeville team, servicing the needs of local LHIN residents in Dufferin, Bolton and Caledon areas.

Under the leadership of Manager, Candace Skinner, the Orangeville team is rich with a wealth of cross-functional experience and talent including social work, occupational therapy, nursing and, more recently, mental health and addictions. More specifically, the team is comprised of nine Neighbourhood Care Coordinators (NCCs) - six dedicated to the Dufferin Region, and three dedicated to the Bolton-Caledon Region – and two Neighbourhood Team Assistants (TAs).

Dufferin NCCs are aligned to 50 Primary Care Providers and Bolton-Caledon NCCs to 20 Primary Care Providers, within and outside LHIN boundaries. Working together, in collaboration with local HSPs, community partners and upwards of 70 Primary Care Providers within and outside of the LHIN, the team currently provides home and community care services to over 1,100 unique patients, a majority of whom have been identified as Health Links patients.

Recently the Orangeville team developed a team charter that highlights the importance of reputation, and the desire to deliver the best patient-centred solutions possible while supporting each other as a team and the community partners they work with. Conveyed through the charter is the theme of “Awesomeness”, a theme actualized through new and innovative approaches to service delivery the team seeks to develop to better support the patients and families in their region.

A small and mighty team, they think of themselves as a family more than as colleagues, hoping to one day win the Lottery and meet beneath the Eiffel Tower to enjoy breakfast together.

Team Photo – May 31, 2017 (T-Day!)

Front Row (L to R): Wendy Taylor-Brett (NCC, Child & Family Team), Charmaine Andrews (NCC, Bolton-Caledon), Theresa Nielsen (NCC, Dufferin), Jennifer Mannis (NCC, Dufferin), Megan McGrorey-Peters (NCC, Dufferin), Candace Skinner (H&CC Manager, Dufferin-Bolton-Caledon-Headwaters), Laura Zimmerman (TL, Dufferin-Bolton-Caledon), Patricia Grabb (H&CC Director, Dufferin-Bolton-Caledon-Headwaters, Child & Family, Palliative), Crystal Green (TA, Dufferin-Bolton-Caledon), Lynn Geddes (TA, Dufferin-Bolton-Caledon), Carol Ann Morawetz (NCC, Dufferin-Bolton-Caledon), Anne Bergin (NCC, Dufferin-Bolton-Caledon)

Back Row (L to R): Janice Stringer (NCC, Dufferin), Amy Thompson (NCC, Bolton-Caledon), Adrian Bitá (Director, Central West LHIN Board of Directors), Carmine Domanico (Chair, Central West LHIN Board of Directors), Hon. John McDermid (Former Vice Chair, Central West LHIN Board of Directors), Michael Young (NCC, Bolton-Caledon)